AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: [X]IXC [] CLEC []ILEC [] Wireless CERTIFICATED COMPANY INFORMATION McLeodUSA Telecommunications Services Inc. FEIN/SSN Company Name Dba/fka Telephone # One Martha's Way Mailing Address Hiawatha, IA 52233 City, State, Zip Code Same as above **Business Location** City, State, Zip Code County REGISTERED AGENT INFORMATION Registered Agent: CT Corporation System Mailing Address: 75 Beattie Place Two Insignia Financial Plaza City, State, Zip Code: __Greenville, SC 29601_ Pursuant to the Commission's rules and regulations, print or type company contact for the following areas: A. William A. Haas General Manager (Include address if different than above.) 585-770-2498 william.haas@paetec.com Telephone Number Facsimile Number E-mail Address B. Customer Relations / Complaints Representative (Include address if different than above.) 877-340-2600 customer.care@paetec.om Facsimile Number Telephone Number E-mail Address C1. Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.) 585-770-2498 319-790-6702 Christine.neff@paetec.com E-mail Address Facsimile Number Telephone Number C2. 877-340-2600 **Customer Contact (Toll Free Number)** D. Network Operations Center Engineering Operations (Include address if different than above.) 800-417-1619 / noc.paete.com E-mail Address Telephone Number Facsimile Number

E.

Network Operations Center

866-790-1058 /

Test and Repair (Include address if different than above.)

f.	Network Op Emergencies (Durin	erations Cente g non-office ho				
	866-790-1058		1	noc.paetec.com		
	Telephone Number		Facsimile Number		E-mail Address	····
in addi	tion, please provide the	e following co	mpany contact inforr	nation	to assist in proper routing of correspor	ndence and invoices:
G.	William A. Haas					
O .	Regulatory Officer	(Include addı	ess if different than ab	ove.)		
	319-790-7295	1	585-770-2498	1	william.haas@paetec.com	
	Telephone Number		Facsimile Number		E-mail Address	
H.	Anita Kaplan					
	Dual Party Mailings (Name)					
	same Mailing Address					
	319-790-2462		585-770-2498	1	anita.kaplan@paetec.com	
	Telephone Number		Facsimile Number		E-mail Address	
l.	Anita Kaplan					
	Interim LEC Fund Mailings (Name) same					
	Mailing Address					
	319-790-2462		<u>0-2498 / anita.kap</u>	lan@pa		
	Telephone Number		Facsimile Number		E-mail Address	
J.	Anita Kaplan					
	same					
	Mailing Address	,	505 770 0400 4			
	319-790-2462 Telephone Number		585-770-2498 / Facsimile Number		E-mail Address	
K.	Anita Kaplan				2 main tourous	
14.	Gross Receipts Mailings (Name)					
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	Mailing Address		505 770 0400	,		
	319-790-2462 Telephone Number		585-770-2498 Facsimile Number		E-mail Address	
L.	Anita Kaplan		r dodinino rvambor		2 mai / taarooo	
	Lifeline Mailings (Name)					
	same			VIII.		
	Mailing Address	1	E0E 770 0400	,		
	319-790-2462 Telephone Number		585-770-2498 Facsimile Number	/	E-mail Address	
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	Anita Kaplan				Onto Zone	٥.
	This form was completed by (print name)				Signature 3/19/16	<u> </u>
	Regulatory Analyst				3/19/16	
	Title				Date	
	RETURN COMPLETED FORM TO:					
	Public Service Commission of SC				Office of Regulatory Staff	
	Docketing Department				Attn: Jeanne Gordon	
	Post Office Drawer 11649				1401 Main Street, Suite 900	
	Columbia, South Carolina 29211				Columbia, South Carolina 29201	(Rev. PSC 01/2010)

Facsimile Number

E-mail Address

elephone Number